

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

**AMENDED**

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

5682

FILED NOV 4 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3911 INDIANA</u>		d. STREET ADDRESS <u>4325 COLLEGE</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>MAJOR MALENE HOLIWAY</u>		4. DATE OF DEATH Month Day Year <u>10 18 63</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-20-1932</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POSTAL CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. POST OFFICE</u>	11. BIRTHPLACE (City and state or country) <u>RENTIESVILLE, OKLA.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>JIMES HOLIWAY</u>	
13b. MOTHER'S MAIDEN NAME <u>IDELL FINNER</u>		14. NAME OF HUSBAND OR WIFE <u>SUPREEN HOLIWAY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 8-28-1951 - 6-27-1952</u>		16. SOCIAL SECURITY NO. <u>SUPREEN P. HOLIWAY 4325 COLLEGE, K. O., MO.</u>	
17. CAUSE OF DEATH (Enter only one cause per line for (a)(b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> DUE TO (b) <u>Intracranial Hemorrhage</u> DUE TO (c) <u>Penetrating Gunshot Wound of Skull</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:05</u> p.m. Month, Day, Year <u>10/18/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3911 Indiana Tavern</u> 20f. CITY, TOWN, OR LOCATION <u>Kansas City</u> COUNTY <u>Jackson</u> STATE <u>MO</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. D. Deputy Coroner</u>		22b. ADDRESS <u>1618 Euclid Ave.</u>	
22c. DATE SIGNED <u>10/19/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
23b. DATE <u>10-24-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>FT. LEAV. NATL. CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>FT. LEAVENWORTH, KANS.</u>		24. FUNERAL DIRECTOR <u>Mr. C. E. Davis K. C., MO.</u>	
25. DATE RECD. BY LOCAL REG. <u>10-21-63</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. Didmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.